## Oral Hygiene

NOVEMBER 1957



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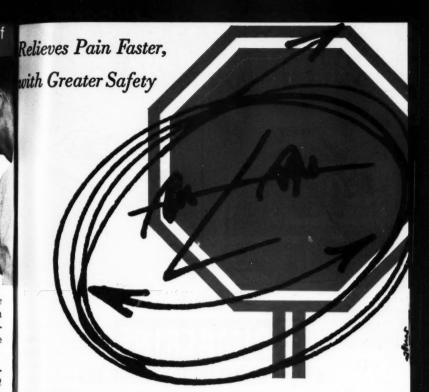
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Office, Division of Dental Research Cincinnati 1, Ohio

1 Muhler, J. C. and Radike, A. W.: Effect of a dentifrice containing stannous fluoride on dental caries in adults. II. Results at the end of two years of unsupervised use. J.A.D.A. 55:196 August 1957.



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References: 1. Album, M. M.: Dental Digest 60:246, June 1954. 2. Hammes, E. M., Jr.: Journal-Lancet 72-67, 1952. 3. Goodman, Louis S. and Gilman, Alfred: The Pharmacological Basis of Therapeutics, second ed., 1955.

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#### The Publisher's

#### CORNER

By Mass



No. 436

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#### SHORT STUFF

A THOUGHT FOR THE DAY (AND NIGHT)—We often complain because those who are smarter than we are, are not smarter than they are. Think it over, comrades.

\* \* \*

WHAT MAKES QUIZ PROGRAMS SO POPULAR?—The gigantic (before taxes) dough? No, whatever it is, we millions of onlookers have no chance at a dime of it. What then? The Colosseum complex, that's what it is, brothers (and sisters). The same horrid human hunger to see *somebody else* in one hell of a fix.

BE KIND TO CUSTOMERS WEEK (THERE IS ONE, ISN'T THERE?)—Couldn't it be tinkered with so as to carry the torch for scared dental patients? There aren't any, you say? Oh dear. That's just the trouble. Nobody knows but the patient and he's too scared to speak up. He has learned by experience to expect a muttering

November 1957. Monthly, Oral Hygiene, Inc., 1005 L'berty Ave., P'ttsburgh, Pa. Subscription, \$5.00 a year in U.S., Canada and Latin America; \$5.75 elsewhere. Accepted as controlled circulation publication at Rutherford, New Jersey.

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garumph in response to his effort to find out what goes on in his own private mouth. Many dentists are like that? No, but the minority group doesn't do dentistry any good.

THE CORNER the other day fell heir to the first (1860) volume of *The Dental Cosmos*. It's a fine job of book-making, this 97-year-old book, well printed and well bound. In its 680 pages it presents a wealth of information—an astonishing amount when one considers the status of dentistry 97 years ago. As now, young dentists were warned to keep an eye on the future: "At a period when a number of young and buoyant spirits are just entering upon practice, it is proper and necessary that they should ponder deeply over the character of the life-struggle that lies before them, and the nature and extent of all the duties which a faithful response to the claims of the profession demands of them to discharge." Maybe there will be other opportunities to publish significant bits from the grand old *Cosmos*.

Small Grandson: "Listen, Grandpa, how would you like to go up to Heaven and walk around and talk to God?"

"That would be grand, my boy!"

"All right then, go out into the driveway and I'll have my daddy run over you with the car."

\* \* \*

THE NEWEST CANDIDATE FOR HONORS in this magazine's informal quest for the oldest practicing dentist, oldest in years and longest in practice. One of our sleuths (R. J. Huff of Johnstown, Pennsylvania) presents Doctor B. A. Wright, Sr. of Latrobe, Pennsylvania—92 years old and still carries on a limited practice.

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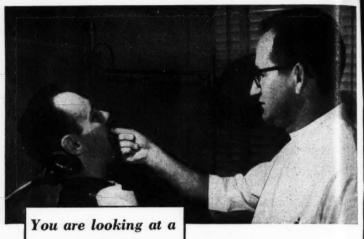
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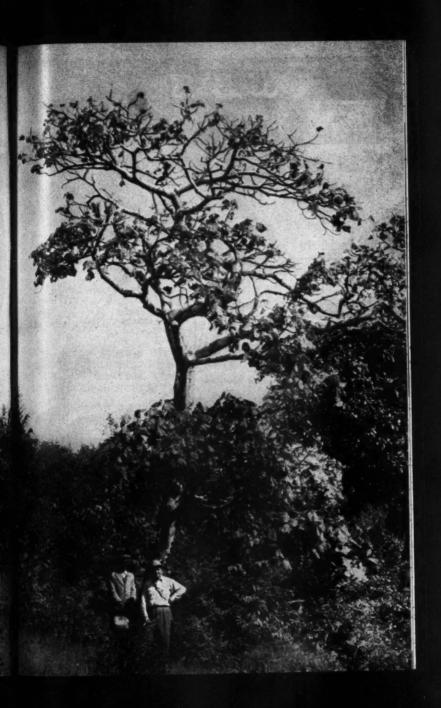
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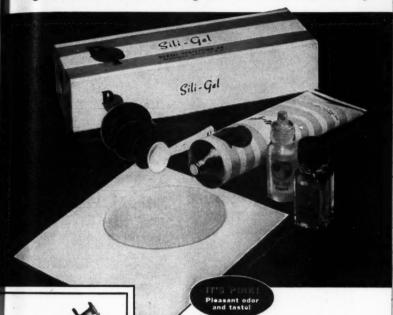
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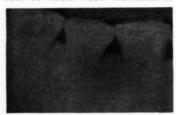
#### DENTAL X-RAY NEWS



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#### **HOW TO AVOID POOR RADIOGRAPHS**



This radiograph was fogged to the point of uselessness even before it was exposed. The most careful exposure and processing could not help it. Stray radiation from the x-ray unit reached the film where it was stored, partially exposing and fogging it. The cure is simple. Be sure to keep unexposed film in a safe storage place, preferably in a lead-lined box. And process exposed film as quickly as possible; don't leave it out where it may be exposed to stray radiation.

As more is known about the effects of radiation, it becomes more important that all personnel working with x-ray be monitored. The best way is with dosimeter film badges. Du Pont makes many types of dosimeter film that record all ranges of x- and gamma-radiation. For a list of laboratories supplying dosimeter film badge service, write Du Pont, Photo Products Department, 2420-2 Nemours Building, Wilmington 98, Delaware.

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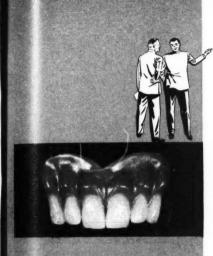
- It minimizes effects of patient motion, means fewer spoiled films.
- It permits increased focal distances which reduce distortion without sacrifice in exposure time.
- It lessens the wear on the x-ray tube, since exposures are shorter.
- It reduces radiation exposure to both patient and dentist.

Because of the short exposures made possible when using this film, the accuracy of your timer is extremely important. Wide variations in density on the finished radiographs indicate that the timer or the method of setting it should be checked.

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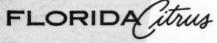
Reconstituted frozen rorange juice grapefruit juice

	orange juice		grapetruit juice
75 mg.—normal adults	5	fl. oz.	61/2 fl. oz.
100 mg.—late adoles- cence or pregnancy	7	fl. oz.	81/2 fl. oz.
30 mg.—infants to	4¼ tablespoonfuls		

Florida Citrus Commission, Lakeland, Florida

1. J. Agr. & Food Chem. 4:418, 1956,

2. A.M.A., Council on Foods & Nutrition: J.A.M.A. 146:35, 1951.



DOCTOR ...

### **Published report of** two-year results reaffirms GARDOL'S\* EFFECTIVENESS in caries control

A recent issue of a leading science magazine reports the results of a twoyear controlled study on human subjects to determine the effectiveness of sodium N-lauroyl sarcosinate (Gardol) in the control of dental caries.

Conducted by a leading dental school and directed by an eminent research scientist, this study was completed by 1,159 young adults located in 3 geographic areas. Thorough clinical and radiograph examinations of the teeth were made before and after the study was completed.

The conclusion: Sodium N-lauroyl sarcosinate in a dentifrice, when it is used either morning and night or after meals, will materially reduce dental-caries activity.





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This additional and recent clinical evidence reaffirms Colgate Dental Cream's promise of the finest home method of caries control ever offered by a toothpaste. And, Doctor, it is reassuring to know that Colgate Dental Cream with Gardol is so safe you can recommend it even to your very youngest patients without restrictions or limitations of any kind.

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#### Squibb (Natural Bristle) **Angle Toothbrushes**

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## Picture of the Month



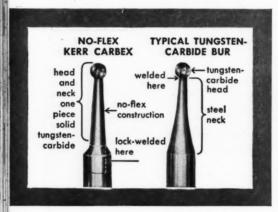
MEMBERS of the Asheville, North Carolina, Rifle and Pistol Club include three "master" shooters, two of whom are Asheville dentists. From left to right are: Marjorie Hamlin, state women's title holder and master shooter; Billy Keys; Doctor H. J. Keener; Louis Taylor; Ed Proffitt, club champion; and Doctor R. B. Kennerly, one of the best riflemen in the state. Medals and awards shown are only the first and second-place trophies of the hundreds won by members.—Photograph by Malcolm Gamble of the Asheville Citizen and Times.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

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## How to Be Paid for Free Services

BY M. A. PATRICK

There is no way to avoid the occasional free service, but the rewards you receive may surpass a financial benefit.

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SEVERAL days after he had completed the dental treatment of an eight-year-old girl, a Philadelphia dentist received a note from the child's mother. The services he performed for the youngster had been under conditions similar to the type mentioned by Doctor Harold Gluck in his ORAL HYGIENE article1-that is, for free. In her note the mother expressed appreciation of the dentist's kindness and added that while her daughter was being made ready for bed the previous evening she included in her prayers the request "God bless Doctor S . . . . " This payment offered for his services was "the most rewarding I ever received," the dentist acknowledged.

<sup>1</sup>Gluck, Harold: Dental Service For Free, ORAL HYGIENE **74**:37 (May) 1957.

Despite the great value of prayer, a dental practice must receive other forms of compensation. However, except in isolated cases the dentist in general practice is not likely to find any sure way of avoiding those now-and-then appointments that do not result in financial benefit. Like many in other callings, the professional man is at times "his brother's keeper" and in fairness to all concerned may be required to exercise ingenuity in limiting the number of his "brothers." A practitioner in an industrial area where patients' incomes fluctuate considerably meets this problem simply by confining essential free service to his normally slack mid-morning and midafternoon hours. "By attending to the now-and-then deserving case when I am not pressed for time I avoid inconveniencing my paying patients." The establishment of this plan also provides the dentist with a logical reason for rejecting

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requests, should the demand for free services ever overrun his offhours.

In those instances where this practitioner has in his chair a patient he believes may become better off financially at a later date he casually mentions, "This service would normally have cost you \$00.00." Although this is the only reference he makes to money he has found that over a period of time 20 to 25 per cent of the dollars involved are paid later. "In one case," the dentist recalls, "a patient returned five years after receiving free dental care to pay \$37.00 for service I had given him." Two boys he treated some years ago without charge have since married and they, their wives, and children have become regular patients—on a regular fee basis, of course. "This is not the most dependable way of building goodwill," the practitioner agrees, "but I lose less sleep over the money represented by free services than I do over bills patients promised to pay 'the first of the month', but didn't."

#### When Not to Charge

A dentist's bill, which was paid by a gas station operator who thought the services involved did not warrant an invoice, covered the cost of professional time for an oral examination of his child and a statement of dental health asked for by the local school authority. In his unfavorable comments about the bill the station operator made comparisons between lay and professional services to justify his objections. "When that dentist comes in here for five or ten gallons of gas I do not make a charge for air, water, oil check, and windshield cleaning. And if the motor of his car is acting up I give a diagnosis of the problem for free."

Without taking sides in such a controversy, it is a fact that there are occasions when the benefits to be gained from a free service far outweigh the monetary advantages of a three or four dollar charge. For instance, the station operator. his wife, and two children, each year call for regular dental care that averages between fifty and one hundred and twenty-five dollars. This is too large a sum to risk, especially when the billpayer is in a position to voice his resentment to a large number of dental prospects with whom he is in daily association. Doctor Gluck quotes a dentist who in recalling a month during which he furnished signed notes for a number of school children concluded by asking, "Am I fooling myself that I am helping my practice by not charging for such services?"1 Actually, this is not too difficult a question. Twelve months after furnishing such statements for young patients or children of patients, the dentist Doctor Gluck interviewed should go over his books and total the dollars received for regular dental services 957

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rendered in the interest of the youngsters or members of their families. If the per family average of fees collected is impressive then his investment in an occasional free service has paid dividends. It is as simple as that.

Equally simple is the technique of justifying charges for certain services the patient may think should be performed without cost. This is likely to happen when the required treatment seems to involve little in the way of materials and not too much time. When the patient is one whose work pays him on an hourly or job basis he is inclined to apply the same compensation scale in judging what the dentist should or should not charge. One dentist handles such cases by purposely including in his chair-side conversation, a reference to the time, study, and practice, involved in developing the skill necessary to perform the operation successfully. "I have found," he points out, "that this approach carries weight and meaning in relative proportion to the specialized study and practice the patient had to apply in building his own job qualifications."

When a patient financially able to pay indicates that he expects some form of free dental service he reveals clearly that he does not value too highly the professional man's talents. This condition is quite common, too. And it may be traced to the reluctance of dentists to boast publicly or to patients of

their accomplishments. It is commonplace to read in newspapers. magazines, and in feature sections of Sunday papers of a surgeon who equipped a man to return to his employment following a repair to his damaged heart, or of a child made fit to run again when her twisted limbs were made straight. These persons and the groups they represent are recognized as dedicated men of great accomplishment. And they are! But so is the dental surgeon who rebuilds the smashed jaw of a victim of a turnpike accident, or the practitioner who fits a salesman with dentures that permit him to smile confidently while making a presentation to a prospect. These are also unusual skills with even more general application to the needs of the general public. To have such facts known the benefits will have to be discussed more often, dramatized to get attention, and the whole process repeated again and again until the value and importance of all dental services are lifted well above the "for free" classification.

Such an educational program takes time, but the result should not only be a reduction of the number of calls for free service, but a higher degree of prideful satisfaction in caring for the dental needs of those deserving professional care who are truly unable to pay any or all of its cost.

1007 North 64th Street Overbrook, Philadelphia 31



#### BY ROBERT P. STICKLEY, DDS

ONCE UPON a time, there graduated from high school a young fellow by the name of Joe Collins. He decided to enter a profession and being a bright boy, picked dentistry. After taking some pre-dental schooling, he entered dental college. He did well-joined a fraternity, dated attractive students. and drank his share of beer. He was considered a leader in school and it was freely predicted that Joe would be a success and live happily ever afterward. Sad to relate, while Joe was reasonably successful in his practice, he was not happy.

On entering the practice of dentistry, Joe joined the local, state, and national societies. He was anxious to be liked. In fact, too anxious. He began attracting attention at once by expressing himself on

every matter brought before the society. It soon became noticeable that the minutes of each meeting read like a biography of Joe Collins.

One of his most annoying habits at the meetings was to give, on the slightest provocation, a detailed report of his practice. Everything mentioned in connection with dentistry reminded him of a case he was doing or had just finished. It was embarrassing to his fellow society members that whenever they invited a speaker Joe would rush him. He would begin to sell the fellow a bill of goods, namely Joe Collins. Also, he would keep up a running fire of comments, which started out as questions but ended up as opinions. Sometimes the speaker was an old hand and knew how to handle such pests, but even then, it was embarrassing.

Joe had another habit which

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## Is there a little of Joe Collins in your looking glass?

did not contribute to his popularity. When a new dentist came to town, Joe would greet him with overpowering enthusiasm and inform him that if he needed any help or advice all he had to do was to call on old Joe Collins. To further show his good intentions, he would not even wait for the dentist to call but would give him generous helpings of advice, using himself as a guide for correct procedure.

He would continue by assuring the neophyte that all the altruistic ideals he had been taught in school were the bunk. "All right for the College," he would say, "but in actual practice they are not practical. Those professors could not make a living in private practice." Joe did not seem to realize that people do not like anyone to take the shine off their idealism.

Then there were the times when, as a committee member, or in some project outside of dentistry, he allowed himself to be quoted in the newspaper in such a manner as to be offensive to his fellow dentists. This usually surprised Joe and sometimes he was embarrassed as things looked so different in print from the way he thought they sounded rolling off his tongue. He would resolve never to give another statement to the paper. On further thought, he would decide

that the responsibility for the statement was really the reporter's. He had twisted Joe's arm. As soon as he reached this decision, he was ripe for another opportunity.

With his energy and ambition, dental politics offered an ideal vehicle for Joe's boundless enthusiasm. This fact did not escape Joe. Had he offered his candidacy for the position of "All-American Ass," he would have had the unanimous backing of his Society. However, for the available jobs, despite all of the enthusiasm he put into his local society, he was never mentioned for office.

At heart Joe was really not a bad guy—he was a good dentist. He was always ready to do a favor but had an overpowering ego and ambition. While he would not knock another dentist, there were times when he could have said a good word and did not as he was too busy selling Joe Collins.

#### Joe Becomes Sensitive

Over the years, it began to dawn on Joe that he would never be elected to any office. He developed a feeling that his fellow dentists did not like him. This hurt Joe, for he liked them. In fact, he felt he had beaten his brains out trying to show them that he liked them and wanted to help dentistry. He could not understand what was wrong and began to stay away from the meetings. He became bitter and attributed the dislike of his fellows to jealousy. Finally, he

dropped out of the society completely.

The last place Joe looked for the cause of his unhappiness was where he would have found it. In the looking glass! There he would have seen staring back at him the real cause of his unhappiness— Joe Collins!

After a time, he wandered back to his society. He had apparently lost his oomph, but he had something better. Gone was his eagerness and in its place a quiet dignity he never had before. Much to Joe's surprise, the new Joe was welcomed back and soon he was offered important positions. His opinion was asked and listened to. Fortunately for Joe, his ego had suffered to such an extent he remained just plain Joe. A good guy!

I get real sad when I think of Joe. WAIT A MINUTE! I wonder? Joe didn't know there was anything wrong with him. It's like halitosis. Your best friends won't tell you. I don't know about you, Brother, but if you will excuse me, I am going to stop right here and take a look in the looking glass!

100 Quinlan Street Lynchburg, Virginia

#### THE PATIENT

To inspire confidence in my patients, I must have confidence in myself. But this is not enough. I cannot, because of this, expect the patient who comes to my office as a total stranger to share this with me unless by my attitude to and understanding of him and his family—by the care and thoroughness with which I develop my knowledge of the patient's condition and by the thoughtfulness, honesty, and understanding with which I discuss his surgical problems—I inspire in each the intangible something that makes him prefer to put his life in my hands rather than in those of any other. Confidence, an understanding family, and faith, are the most important of the non-scientific aids in preparation for the operation ahead.—Leland S. McKettrick, MD, The New England Journal of Medicine.

#### THE CONSIDERATE DENTIST

KNOWLEDCE is a great healer of emotional scars. The dentist who carefully explains to his patient (as mine does) precisely what is being done, and why all these laborious procedures have to be gone through, has made the patient a participant in the work, and not merely an object that is worked upon. His technique removes fears and anxieties as well as decay.—Sydney J. Harris, Chicago Daily News.

# So You Know Something About

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DENTISTRY!

BY ROLLAND C. BILLETER, DDS

#### CLVIII

- Why is sulphuric acid pickle preferred over hydrochloric or nitric acid pickle?
- True or false? The only type of food taken into the mouth which can develop an acidity of sufficient strength to dissolve enamel is carborhydrate.
- 3. Are dimensional changes in the plastic-faced gold veneer crown withstood well?

- 4. When retention is poor to begin with, the mentales (a) will, (b) will not, readily elevate the lower denture unless the border is accurately established by muscle trimming.
- What is the most common cause of lingual occlusion of the maxillary incisor?
- 6. No amalgam mix should be used for over (a) 4, ((b) 5, (c) 6, minutes.
- True or false? Recurrence of caries is seldom found around or under a porcelain inlay.
- Early loss without replacement of posterior teeth (a) is, (b) is not, one of the most common causes of traumatic occlusion.
- 9. The mouth is the organ of (a) mastication, (b) taste, (c) articulation.
- 10. Does the partial denture clasp produce appreciable abrasion on enamel?

FOR CORRECT ANSWERS SEE PAGES 82 and 84



Observe symptoms carefully in order to recognize differentiations in various oral diseases.

# Consultation Clinic:

The Diagnostic
Syndrome
in Dental
Practice

#### BY ARTHUR ELFENBAUM, BA, DDS\*

THE WORD "syndrome" is derived from the Greek—syn means "together" and drome conveys the idea of "running." It tells us that when signs and symptoms occur together as a set or group, they may form an entity by which an abnormal or pathologic condition can be identified. That is how diagnosis is and should be accomplished.

In medicine the syndrome has been used ever since man began to apply his knowledge to the improvement of the health of his fellow man. The medical dictionary lists and describes innumerable

<sup>\*</sup>Doctor Elfenbaum is Professor of Diagnosis and Chairman of the Department at Northwestern University Dental School and Consultant in Diagnosis at the Dental Training Center of the West Side Veterans Administration Hospital in Chicago.

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syndromes. Many of them still retain the names of the physicians who first described their classical characteristics. The name of the famous Boston surgeon will live forever for his description of a medical entity known as Cushing's syndrome, a disease caused by pituitary basophilism. Many dentists are acquainted with Albright's syndrome because the cystic areas which form part of the identifying group are often seen in the roentgenograms of the jaw bones. Patients with Mikulicz's syndrome are occasionally referred to a dentist because the characteristic submaxillary swelling is mistakenly assumed to be the effect of a dentoalveolar abscess.

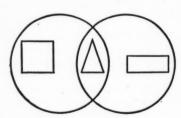
The object of this presentation is to encourage dentists to adopt and follow the practice of grouping symptoms in order to recognize differentiations between various oral diseases which, if not studied as syndromes, appear to resemble one another so closely that they receive treatment, which may be applicable to one but not to the others. It is not at all impossible that the neglect of the syndrome in dentistry is responsible for the prevalence of empirical treatment in oral pathology and for "shotgun" prescriptions, which have become too common in the dental office. Even if a cure is effected, the dentist never discovers the true cause of the disease and he is unable to say definitely which ingredient in his prescription was responsible for the improvement in the patient's condition.

For example, if a patient complains of fiery red, inflamed gingivae that bleed even when he bites into food, only an irresponsible practitioner would proceed to scale the teeth, apply an astringent and prescribe penicillin. If the patient shows a definite malaise, has an elevated temperature, coughs. speaks as if his throat is full, his eyes suggest toxicity, and upon examination the oral tissues from the lips to the oro-pharynx appear inflamed and congested, the dentist should be able to establish a syndrome of an upper respiratory infection, no doubt of the Streptococcus type. He might suggest something to make the mouth more comfortable, but the actual treatment of the basic cause lies within the domain of the physician, not of the dentist, and the patient should be referred at once for medical treatment.

#### **Vitamin Deficiency**

On the other hand, if the patient with the red and inflamed gingivae is not especially ill, has no raised temperature, the throat is clear and there is no cough, but he registers the same complaint that when he bites into a sandwich, there is blood on the bread, it appears conclusive that a streptococcal infection is not involved. Further questioning will probably reveal that the patient's diet is deficient in a corbic acid and he has a mild

avitaminosis C or scurvy. Although the disease is no longer common in its severe form, many people who avoid fresh fruits and vegetables because of their laxative effect. show subclinical scorbutic signs. one of which is red, inflamed gingivae. A clinical examination may reveal other signs in the syndrome of a low grade vitamin C deficiency, such as scarlet red petechiae on the buccal mucosa, "black and blue" ecchymotic discolorations on the skin and the evidence of slow healing. The treatment of this case does not necessarily require the services of a physician. What the patient needs to bring him and his gingivae back to good health can be bought in the grocery store instead of the drug store. The dentist may also prescribe supplementary therapy in the form of one 50 mg. tablet of vitamin C. three times a day.



The syndrome concept can best be illustrated diagrammatically by two intersecting circles with the figure of a triangle in the section common to both circles. A square is placed in the remainder of one circle and an oblong in that of the other. The triangle represents the red, bleeding gingivae in both patients, but the square stands for the rest of the syndrome in the diagnosis of an upper respiratory infection. The group illustrated by the triangle and the oblong, identifies the pathologic entity as a mild vitamin C deficiency. Hence, the two circles are entirely different, although they have a common characteristic which was the outstanding feature in the complaints of both patients. Such reasoning is what establishes the contention that differential diagnosis is the secret of successful diagnostic technique.

Another example might help to emphasize the point. Let the triangle represent a loose tooth. Before concluding rashly that the loose tooth is involved in periodontal disease and should be extracted. the dentist would do well to search for the rest of the syndrome. If the mobility of the tooth is caused by what some periodontists call a premature contact, (the square in one circle), then a well-planned occlusal adjustment by conservative cuspal reduction or by a corrective appliance may not only save the tooth, but prevent a generalized periodontal disease at a future time. However, if an angry, lobulated, hyperplastic condition of the gingiva around the tooth arouses some suspicion in the dentist's mind and he finds that the alveolar bone in the roentgenogram has a

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une es 's ar punched-out appearance (the oblong in the other circle), a biopsy is indicated, and it may lead to a diagnosis of a squamous cell carcinoma of the gingivae with invasion of the periodontal bone. Inconsiderate extraction of the loose tooth could set up a metastasis of the malignancy through the blood stream with fatal consequences. This example is not one created in the imagination; it is taken from clinical files.

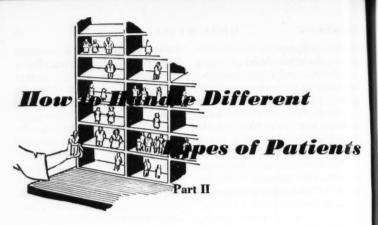
#### The Total Patient

The symptoms and signs composing a syndrome do not necessarily have to be confined to a small area in the mouth. They may be referred to anything that is included in the concept of the total patient. A protrusion of the maxillary anterior teeth may be part of the syndrome which leads to a diagnosis of adenoids, or it may be decided that thumb sucking is the cause of the malalinement of the teeth. An enlargement of the gingivae may arise from mouth breathing or it may be associated with the administration of an anticonvulsant used in the treatment of epilepsy. Brown pigmentation of the gingivae is normal in a Negro, but a possible indication of Addison's disease in other people. A facial hemiatrophy may be nothing more than a transient Bell's palsy in one patient, but a permanent paralysis in another whose facial nerve was accidentally severed during a mastoidectomy.

To quote an actual case, someone had concocted a story that the mother's illness during pregnancy was responsible for the rampant caries in the teeth of a three-yearold child, but a different line of questioning uncovered the fact that the child had suffered from a mild cough which began two years previously. The physician had prescribed a cough medicine that was thick with a sugary syrup. Nobody had explained the cariogenic effect of the sugar and the mother continued to use the syrup, not only to alleviate the cough, but also to appease the child whenever it cried. Somewhere in the syndrome we must include the mother's delight in having found a medication which, when administered to the child, helped to soothe her own frayed nerves.

When dentistry is no longer confined to mechanical restorative treatment and it adopts the biologic approach to the patient's oral problem, the syndrome must become an essential factor in the differential diagnosis of the condition.

431 Oakland Avenue Chicago 14, Illinois



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BY CHARLES L. LAPP, PhD\*

Let us turn to types of patients that you may encounter in your daily practice, how they may be identified, and some suggestions for handling them when you note certain characteristics.

#### **Snobbish Type**

#### Characteristics:

This type of patient is inclined to "look down" upon all professional men. Often this type of patient makes special and unreasonable demands. He tries to remain aloof. Any attempts you make to put him on an equal basis with you are met in a condescending manner. The snobbish or high-hat type often wants to impress you with the "big name" people he, or she, knows.

#### Alternatives In Handling:

- 1. Treat this type with respect.
- 2. Do not be overfriendly.
- 3. Compliments will help break down reserve of this type.
- 4. Be cooperative in making them feel they are receiving special services.
- 5. Do not concede so much that you lose your self-respect, or have to continuously justify your actions.

<sup>\*</sup>Doctor Lapp is Professor of Marketing at Washington University, St. Louis, and Management Consultant, as well as author of the book Successful Selling Strategies, McGraw-Hill Book Company, New York, 1957.

#### **Decisive Type**

#### Charactertistics:

The decisive patient will interrupt continually to indicate and impose his point of view. Often this type will say "no" before you have had a chance to make a case presentation. This type of patient will not change dentists as often as many other types after he, or she, is once won over to your way of handling a dental office.

Alternative Sales Strategy:

1. Let them talk.

2. Ask them few questions.

3. Avoid an argument, but tactfully inject your point of view.

4. Make them feel the choice is up to them, but that there is a "ves" choice as well as a "no" choice.

5. A seeming reluctance to want to have this type as a patient may be a great incentive for some of these prospective patients.

#### **Argumentative Type**

#### Characteristics:

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This type leads off in the preliminary interview by finding fault with previous relationships with dentists. Sometimes the argumentative type, to be sure to provoke an argument, will become insulting. This type often makes unreasonable demands just to find out if he, or she, can get away with it. Some argumentative type patients are likely to talk loudly, and try to appear brusque or antagonistic. Alternative Handling:

1. Statements must be selected carefully and supported with facts. A few facts may avoid a challenge, but too many may be just what this type is looking for to base an injection of a difference in point of view.

2. Ignore differences of opinion, particularly if such differences have

nothing to do with bringing about good dental service.

3. Ask this type "why" he, or she, feels so strongly about a point of difference if it relates to dental needs.

4. Forestall objections before they arise.

#### **Impulsive Type**

#### Characteristics:

This type of patient makes quick decisions. He seems hurried and harrassed. Often the impulsive type will say, "No, I am not interested," before you have explained to him what needs to be done to put his mouth in proper condition.

Alternatives in Handling:

- 1. Present what you want to do quickly before he changes his mind.
- 2. If your service will require some lengthy consideration, then sug-

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gest to women patients who are married that they should bring their husbands along for the case presentation.

3. Don't accept the first "no" as being conclusive.

4. Follow up the presentation with a letter restating the dental service needed, which may just arrive at the time of one of the impulsive "yes" moods.

5. Keep calm.

6. Talk in a low tone and rather slowly.

#### Self-Important

#### Characteristics:

This type often has an inferiority complex, but is "putting on" to cover up the feeling of insecurity. Many men who have just received a promotion will be impressed for a short time with their new power. Alternatives in Handling:

1. Compliment their judgment.

2. Don't try to be too friendly.

3. Cater to their whims, particularly if you want a clientele of this type.

#### **Talkative Type**

#### Characteristics:

This type enjoys dominating any conversation. Often he will lead the discussion astray to subjects remote to the purpose of his call. Quite often a person of this type will start to express a thought and then forget what he started to say.

Alternatives in Handling:

1. Maintain a friendly but not familiar relationship to avoid being taken advantage of in some way.

2. Keep your relationship on a business-like basis.

3. Switch the conversation back to your presentation by means of a question, statement, or action.

#### **Silent Type**

#### Characteristics:

The silent type of patient will listen, but never say "yes" or "no." Often this type will show no emotional reaction whatsoever. Sometimes such a patient is silent because he is thinking about what you are saying, whereas in other cases he is silent because his mind is on something else. Alternatives in Handling:

1. Ask questions that cannot be answered by "yes" or "no," but will encourage them to express their ideas.

2. Hesitate long enough to encourage them to say something.

3. Be sure to direct your conversation to the interests of such patients.

#### **Timid Type**

#### Characteristics:

This type of patient indicates through his actions an uneasiness. Some may feel out of place in a dental office and not quite familiar with what is expected of them. Other patients may use this approach to disarm you, as they are really not the timid type they portray. Some timid patients are afraid to make decisions and will put you off by indicating they need to ask their husband, wife, mother, or father.

Alternatives in Handling:

- 1. Put them at ease by your actions and words.
- 2. Indicate your willingness to assist.
- 3. Present the facts of your presentation clearly and confidently.
- 4. Assure them that they are making the right decision.

#### Irritable Type

#### Characteristics:

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This type of patient may be a chronic grouch who takes pride in his role, or it may be someone momentarily annoyed by something which has taken place prior to his arrival at your office.

Alternatives in Handling:

- 1. Handle with patience.
- 2. Change their attitude by relating something, which is amusing.
- 3. Be especially patient in handling objections tactfully.

#### Inconsiderate Type

#### Characteristics:

This type often will be late for appointments just to show you they can be. Also this type will want extra service.

Alternatives in Sales Strategy:

- 1. Refuse to give them dental service on their conditions, but only as you specify.
  - 2. Explain your policies and the "why" behind them.
  - 3. Explain your fee for the additional services they are requesting.
  - 4. Find out if the patient lacks confidence in you.

#### Suspicious Type

#### Characteristics:

This type questions statements made just as a part of their routine. Some patients may have reason to be cynical and suspicious because of previous experiences with other dentists.

#### Alternatives in Handling:

- 1. Give a detailed and logical case presentation.
- 2. Understate rather than overstate.

- 3. Ignore aspersions.
- 4. Use testimonials of satisfied patients.
- 5. Demonstrate your points even more than typically by using models.

#### Stingy Type

#### Characteristics:

Immediately this type will indicate concern over your fees. Any fee you quote will be too high. Some patients of this type will want the most service but plead for a price reduction. Whereas other price-minded patients are little concerned about quality of their dental service and are just looking for the lowest possible price.

Alternatives in Handling:

- 1. Don't give in on your fee but justify it.
- 2. Explain what services are received for your fee.
- 3. Use examples in which attempts to save money have resulted in the spending of more money for dental service.

#### **Sensitive Type**

#### Characteristics:

The sensitive type will take many little things as a personal insult that others would overlook. Remarks not intended as criticism may be often taken as being personal. This type of patient will react unfavorably to any uncamouflaged pressure.

#### Alternatives in Handling:

- 1. Be careful of what you say and what you do.
- 2. Attempts at humor may backfire—play it straight.
- Listen even more at first in your relationship than usual, to be sure you have the patient's point of view.

#### The Most Difficult Patients

Most professional men feel the most difficult patients with whom they must cope are those that are:

- 1. Inattentive
- 2. Silent
- 3. Indifferent
- 4. Skeptical
- 5. Indecisive
- 6. Hostile

#### Improve Your Ability to Handle Different Types of Patients

The only way any dentist can expect to achieve self-improvement is to evaluate continually the reactions he gets from patients. If you will spend just fifteen minutes a day on such self-rating, plus some thought and practice in improving yourself, you will be surprised at how much more effective you will be in your patient relationships.

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As you attempt to self-improve, build a list to check yourself against, uch as:

1. Do I ever compliment a patient?

2. Do I keep my relationship with the patient on a professional basis?

3. Do I use the power of suggestion when appropriate?

4. Do I talk about the patient's interests?

5. Do I concede a minor point to make a major point?

6. Do I continually plant ideas in the patient's mind to lay the ground-work for future acceptance of the best in dentistry?

Remember, as some sage put it: "A gossip talks about others; a bore talks about himself; a brilliant conversationalist talks about you."

Washington University St. Louis 5, Missouri

Author's Note: If you find this article helpful and stimulating, then you probably would -profit by read ng Chapter 6 of John M. Wilson's book, OPEN THE MIND AND CLOSE THE SALE, published by McGraw-Hill Book Company, New York, 1953, Price \$3.75.



Doctor Wilmer B. Eames, Glenwood Springs, Colorado, has a unique idea for keeping children busy and contented in the reception room. Two sets of earphones provide entertainment through a selection of children's records, which are played by the receptionist in the adjoining office

These "45" records are available with music and stories and the children can look at magazines while listening. This gives the mother a chance to relax while waiting and also keeps the children interested while she is in the operating room.

# Attending A Dental Clinic in Your Own Home

High-fidelity recordings now make it possible to keep up with progress in modern dental techniques.

#### BY SANFORD NEUGER, DDS

RECENTLY there has been introduced to the dental profession a new method of study. I am referring to the CLINICS ON RECORD albums.1 These albums consist of approximately one-hour long recordings on some pertinent clinic techniques presented by the outstanding clinicians in the country. Each clinic has a high fidelity RCA long-playing record enclosed in a well-constructed, beautifully illustrated album. In the album is a series of twenty-four large, clear, textbook style photographs. These photographs illustrate the important step-by-step clinical procedures as they are discussed by the clinician. During the discussion, the listener feels that he is witnessing an actual clinical demonstration.

What then does this mean to the general practitioner? In this day of the hectic racing about of which we are all guilty, one has all he can do keep up with the responsi-

<sup>1</sup>Professional Clinics of the Month, Incorporated, 515 Bankers Trust Building, Indianapolis 4, Indiana. bilities of his practice, much less keeping abreast of the modern dental techniques. Here then we have a means of bringing the best clinicians into our homes and offices at our own convenience. Since it is impossible to attend all the dental meetings and hear all the speakers, we now have a method by which the speakers are made available to us wherever we are. At this time, I feel that a brief discussion of some of the advantages of the new method of study is indicated.

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The individual dentist now has the opportunity to listen to these clinicians during his leisure hours in his own living room. If for any reason some point is not clear, the listener can replay that portion or the whole record as often as he desires. Many dentists belong to small study groups where they discuss their mutual problems and techniques. These records can be used to augment this discussion and also to supplement their professional speakers' program. The albums can also be utilized in a similar manner by local dental th

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Doctor Sanford Neuger examines one of his Clinics on Record albums.

societies, obviating the expense of getting high-caliber clinicians. CLINICS ON RECORD may be used in dental school libraries and in regular dental courses as an audiovisual aid to the student, giving him a clear concise discussion of any given technique.

The practical aspects of these presentations are among their most important contributions to the armamentarium of the general practitioner. No longer is he posed with the problem of reading through many lengthy, dull, prosaic dissertations in order to develop one or two techniques that he can immediately put into use in his office. At present, three albums are available and three more are to be offered in the near future. Those available are Antibiotic Root Canal Therapy by Louis I. Grossman, DDS; Vital Pulp Therapy by Ralph E. McDonald, DDS; and

Repositioning of Drifted First Molars by Irwin Beechen, DDS. Each will now be reviewed briefly.

Since it is not the purpose of this review to discuss or criticize any particular technique, only a few of the more generalized observations will be made.

Antibiotic Root Canal Therapy: Doctor Grossman discusses a technique for treating and filling root canals using a poly-antibiotic procedure. Doctor Grossman presents his material as an at-the-chair experience. In doing so, he answers many of the common questions asked by a patient. The clinician emphasizes sterile technique, diagnostic tests, and simplicity of operation. His is a well-chosen method and in addition, he also discusses several other methods and many of the principles necessary for successful endodontic therapy. The illustrations have been well chosen

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and, in addition, there is a listing of the formulas and sources of supply for the medicaments and material used.

Vital Pulp Therapy: Doctor Mc-Donald presents several of the procedures for vital pulp therapy in practice. He covers briefly pulp capping, pulp curettage, and pulpotomy or amputation. The clinician discusses symptoms, indications and merits of each of the foregoing procedures. Again, this topic is presented as in the office experience, thus demonstrating patient handling, precautions normally given to the parents, and some of the problems in practice. In this album, Doctor McDonald is visited by another dentist, thus there is a lively discussion of many of the problems involved in these technigues. Some of the illustrations in this album are not too clear. This is due, however, to the fact that these are photographs of roentgenograms and such photographs commonly printed poorly.

Reposition of Drifted First Molar: Doctor Beechen's presentation deals with the repositioning of first permanent molars in mesio-version by the use of removable acrylic appliance. The appliance advocated is a removable bite plate with finger springs acting on the first permanent molars. The discussion with the parents on the problems and the fees involved, including the initial down payment and monthly payments, are unique in this album and well done. Diag-

nosis, patient handling, and other problems dealing with the failure to maintain space are included. The clinician wisely cautions the listener about recognition of the true problem. He reminds us that the use of this appliance is not to be confused with major orthodontic therapy, but it is rather as an aid to the general practitioner that this appliance is indicated. Both on the record and in the illustrations, there are excellent descriptions on the construction and clinical use of the bite plate. In addition, Doctor Beechen briefly touches on other possible uses for this appliance and suggests some uses for similar types of appliances.

To summarize, CLINICS ON RE-CORD is a modern audio-visual aid in keeping up with modern clinical dentistry in a manner that is simple to use and readily available. These albums offer us many advantages not now open to us by any other means. They are excellent, intelligent presentations on topics designed to interest the general practitioner and are presented by some of the outstanding leaders in their field. The high standards set by the available albums should be an indication of what we may expect of future albums. Thus, the dental profession has a new instrument for maintaining and improving the standards in the practice of dentistry.

4435 Mayfield Road South Euclid 21, Ohio



#### PART III

#### BY GEORGE A. HOLMES, DDS, PhD

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IT HAS been statistically tabulated that most of the dentists in the country are concentrated in large population centers.1 Whether this is of their own choosing, or a result of the knowledge that even if they wanted to, they could not obtain licenses in better situated, lower dentist-to-population ratio states, is a question that will be answered only when present barriers no longer exist. It is conceivable that in a country accustomed to freedom of choice in location and occupation, dentists may have reasons for not following evident location opportunities other than a particular attachment to crowded urban centers.

A study of the location dilemma in 1949 led Harry Berlin to the following conclusions:

"The adequate distribution of dentists among the population is another problem that organized

This third of a four-part series of articles discusses some aspects of the distribution of dentists and summarizes arguments in favor of interstate recognition of dental licensure.\*

dentistry can help solve. This problem involves two aspects. First, it is necessary to get dentists to settle where their services are needed. Second, the dentist must have the freedom to go where he is needed and wanted. A solution to the latter problem would help greatly in solving the first problem."2

The belief that there are inadequacies in the management of den-

<sup>\*</sup>This material is part of a dissertation developed by the author-under the direction of the Department of Political Science of the University of Chicago.

The American Dental Association, Bureau 'The American Dental Association, Bureau of Economic Research and Statistics, Facts About the States for the Dentist Seeking a Location, Chicago, 1955.

\*Berlin, Harry: Can Organized Dentistry Meet the Challenge?, Oral Hygiene 39:882 (June) 1949.

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tal licensure is not confined to licensed practitioners who may wish to change location. If state barriers exist, then recent graduates of Class A dental schools may also be affected. A recent resolution of a regional conference of dental schools emphasized this phase of the problem by proclaiming that the "abnormally high" percentage of recent graduates who fail board examinations in some states interferes with the normal distribution of new practitioners and results in the loss of their services to the public. After delving into the superior academic and technical qualifications of today's students as demonstrated by the dental aptitude tests administered by the Council on Dental Education and noting that "these failures reflect adversely" on the competency and integrity of the faculties involved, the resolution states:

"We believe, therefore, that these events and circumstances call for a review of state board licensing philosophies and a modification of licensing procedures so that they will be more in keeping with the present educational development and objectives of American Dental Schools toward meeting the dental health needs of the citizens . . . "3

A few months later, the Dean of a dental school, quoting this resolution in part, expressed "urgent concern" over the fact that some state boards fail 40 or 50 per cent of the applicants, saying that "it is high time that the profession evaluate carefully that administration of this licensure privilege which the public has granted us..."3

All dentists favor the retention of licensure administration by the profession. For this reason, the majority also favor the extension and simplification of licensing procedures. Proposals to accomplish this end will vary, depending on the individual practitioner's familiarity with constitutional means.

A most frequently discussed measure to achieve national reciprocity without infringement on the state's police power is the holding of a referendum among all of the members of the profession. Similar to the inclusion of dentists under Old Age and Survivors Insurance, which at first was opposed by dentistry, but later, as a result of a country-wide poll of the profession was accepted,4 it is argued that another such plebiscite would clearly and fairly establish the wishes of the people most concerned — the dentists themselves. Thus all states voting for the proposal would enter the reciprocal union, but states in which a majority of dentists vote in opposition could retain their present status by requiring all applicants, regardless of age and experience to submit to a new examination.5

<sup>&</sup>lt;sup>8</sup>American Association of Dental Schools, Proceedings of the Thirty-Second Annual Meeting 32:57 (March) 1955. <sup>4</sup>Transactions, 96th Annual Session, Amer-ican Dental Association (1955) pp. 206, 209. <sup>5</sup>Personal Communication from Jack Tatel-man, DDS. 2400 North Harding Avenue. Chi-cago 47, Illinois, July 1, 1957.

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The arguments on the side of interstate reciprocity in dental licensure may be summarized:

1. Character, education, and examination requirements are standard and uniform. Licensing barriers, therefore, no longer accomplish what they were originally intended for—to protect the public—if they are retained for the purpose of limiting the number of legitimate practitioners in a state.

2. Arguments against reciprocity stress the principle that licensing is for the protection of the public and not of the profession. They overlook the fact that the public is to be protected from the incompetent and the charlatan, and not from properly educated and licensed dentists, graduates of the same schools that were attended by the members of the board.

3. The continued maintenance of licensing barriers does not accomplish the purpose of public protection. On the contrary, by denying adequate dental service, which a progressive profession is in a position to supply, these barriers militate against the public interest and convenience.

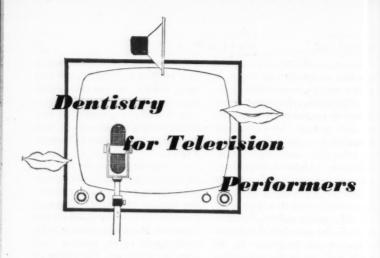
4. A uniform examination on a federal, intraprofessional, or state basis once taken, ought to be satisfactory.

5. State boards in the low dentist-to-population ratio states ought not to take a personal interest in the reasons of dentists who wish to move. That is beyond their jurisdiction. Statements that only the incompetent or the morally unfit wish to move are distortions of fact. But even if they were largely true, the reasons of an individual for changing locations, other than a criminal record, ought not to concern anyone; statutory enactments do not confer upon administrative agencies the privilege of inquiring into the motives of applicants.

(To be continued next month)
55 East Washington Street
Chicago 2, Illinois

#### THE COVER

LOOKING across the East River from the southern tip of Welfare Island, the Headquarters of the United Nations and New York's mid-Manhattan skyline, represent an invitation to the Annual Greater New York Dental Meeting to be held December 9 through 13 at the Hotel Statler. The skyscraper houses the Secretariat's offices; council chambers and conference rooms are in the low building at the river's edge; and the General Assembly is in the dome building at the right. For reservations and information about the dental meeting please write to Charles A. LaBorne, DDS, Secretary, Hotel Statler, Room 106A, New York 1.—
Photograph courtesy of United Nations.



#### BY HOWARD E. KESSLER, DDS\*

YEARS AGO the problem of doing dentistry for motion pictures, radio, and other public entertainers was limited to a comparatively few members of the dental profession. Even with the advent of television, the challenge was still limited to a few dental practitioners.

However, now that television has reached such a wide scope, especially at the local city station level, dentists in much greater numbers are being called upon to care for these people who appear on the home screen.

In other words, more and more "ordinary people" are appearing on television and many of them are becoming truly professional entertainers. Most of these persons are not the patients of "dentists for the stars"; they usually have a good, average dental practitioner, probably a man or woman in their neighborhood. Nov The spo ics'

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In giving dental treatments to these patients the first thing the dentist must bear in mind is the speech factor. The true quality of a person's voice does not always come through the television or radio microphone; it is but a filtrate controlled by the sound engineer. Here it should be stated that as to fidelity of sound broadcasting, television is not yet equal to radio.

This mechanized control of voice quality can take a weak voice and turn it into a strong, well-projected one. However, while this possible "strengthening" of a voice

<sup>\*</sup>Doctor Kessler is dentofacial speech consultant for the Cleveland Public School System; trustee for the Cleveland Hearing and Speech Center of Western Reserve Un'v rsity; lecturer, The School of Dentistry of Western Reserve University.

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ice illnis ice The average dentist is now responsible for the "TV esthetics" of his patients.

occurs, it also intensifies speech defects such as lisping, and the phonetic defects of certain dentures and calls more attention to them.

Here is where the dentist plays an important role. If he is making a fixed upper anterior bridge for a television entertainer who does not have defective speech, he should be careful in designing and carving the case, so that the patient does not end up with a speech defect. He should shape the linguals so that he maintains the patient's normal sibilant aperture.

If he is making a full upper denture for a patient of this type, he should abide by the suggestions of some of those who have done research in this field.<sup>1</sup>

Another factor which television has brought to our attention is appearance. We could call it "TV esthetics."

The television camera is merciless. Artificial upper anterior teeth sometimes look too large because the performer is using a mechanical, forced smile due to the fact that he does not know what is going on. When the performer is "on camera" it is not always possible to hear well, so a posed smile results. Consequently, the upper anterior teeth should not be outsized.

During camera close-ups the singer may open his mouth in a natural singing mannerism of tilting the head back a little and anterior metal backings or posterior full gold crowns may show. Although it can affect both, this is more prevalent with classical singers than it is with crooners. The crooner puts his personal style above volume and production, while the operatic singer bases his performance upon good resonance and sound concert stage procedure.

As we have stated before, "The mouth is the instrument for speech. The dentist is the specialist of the mouth. Some dentists do not fully realize that their specialized knowledge of the human body can be used to correct defective speech, and to maintain the normal speaking ability of their patients."

If he grounds himself with some knowledge of speech and gives some thought to TV production technique, there is no reason why the average dentist should shy away from treating a patient who happens to be a television performer.

The Park Building Cleveland, Ohio

<sup>&</sup>lt;sup>1</sup>Kessler. H. E.: Phonetics in Denture Construction, JADA **54** 347-351 (March) 1957.

<sup>&</sup>lt;sup>2</sup>Kessler. H. E. Improving Speech—Dentistry's Opportunity, Oral Hygiene **45**:956 (August) 1955.



Doctor Frank M. (Bud) Taylor (left) with Harvie Ward of San Francisco, National Amateur Golf Champion for 1955 and 1956.

There's A Dentist

on the

Walker Cup

Team!

BY HELEN HOUSTON BOILEAU

Californian wins top honors and now will turn to golf only as a means of pleasure and relaxation. No

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DOCTOR Frank (Bud) Taylor, Jr., a Pomona, California, dentist has recently achieved the distinction of playing on the ten-man Walker Cup team, the dream-goal of serious-minded amateur golfers.

For nearly twenty-six years, Doctor Taylor has been playing golf and during the last five or six years has managed to come out on top in nearly every local and regional golfing tournament. He has been a finalist in the California Amateur Championship matches for the last five years in a row, and has won it three out of these five times.

At the same time he has been rolling up a record as a first ranking amateur golfer, Doctor "Bud" has been building up his professional practice in the same town, Pomona, where his father, Doctor Frank Taylor, Sr, is also a dentist. Building up a vocation and an avocation of this rank at one and the same time is quite an achievement.

Doctor Taylor's record in amateur tournaments in California and the Pacific area has been outstanding over the past ten years. However, with the exception of the National Dental Championship which he won in 1949, he has seldom entered in national competition

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om ion play and so needed to add some top national honors to round out his record and put him in line for consideration for the Walker Cup team.

With this in mind, Doctor "Bud" has entered three national events during the past year.

He was the low qualifier for the California district in the Toledo National Open; a semi-finalist in the North and South Amateur Championship at Pinehurst, North Carolina; and thirteenth in the Masters Tournament at Augusta, Georgia.

Thirteen proved to be a lucky number in this last case, for it was shortly after this that he was selected to be one of the ten American amateurs on the Walker Cup team, which meets the top ranking British amateur golfers in the yearly classic closely followed by amateur golfers in both countries.

Members of this American top amateurs team are selected on the basis of their records over the past ten years and their ability to stand up under the pressure of tournament play. It is rather remarkable when a man in so time consuming a profession as dentistry can produce a record, which merits consideration for such a team, let alone selection. Only fellow golfers can appreciate the long hours that must have been spent in golf practice after his daily office routine was finished.

How has Doctor Taylor man-

aged? It has been hard, he admits. "I seldom get to play more than two or three times a week—usually week ends—and that isn't enough when you're playing tournament golf." To augment this, Doctor Taylor has been getting up at the crack of dawn to get in some practice before office hours, and many an evening he returns to the links after having seen his last patient.

Now, having achieved his goal, the Walker Cup team, Doctor Taylor has no further aspirations for national honors. After the meet last August 30 and 31 at the Minikahda Club in Minneapolis he decided to cut down on national competitions and confine himself to week-end golfing and local tournaments. "This national competition takes too much of everything—time, energy, and money!"

From now on, golf will be strictly for fun and relaxation. As an active hobby and diverting sport, Doctor Taylor feels that golf is an ideal balance wheel for one in such a confining and intense profession as dentistry. Office worries just naturally seem to disappear once you are concentrating on your golf game, he says. "It's hard to worry about a bridge when you're trying for a birdie!"

#### 19538 Cortez Covina, California

Epiron's Note: Doctor Frank Taylor reached the final round of the amateur championship of the United States Golf Association at Brookline, Massachusetts, where he lost to Lt. Hillman Robbins, 5 and 4.



### EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

#### ECONOMIC DEATH AND TAXES

THE EDITOR of The Journal of Commerce has suggested a test that businessmen might apply to their present attitudes toward economic affairs. The questions were formulated to "help in measuring the current degree of uneasiness, discontent, and restiveness among businessmen."

Some of the questions would not apply to dentists but, in general, dentists as "little capitalists" may wish to test themselves.

Here are four of the questions from The Journal of Commerce that apply to anyone who manages his own business, including the dentist:

"1. Are you getting more and more resentful over mounting cost

pressures (profit squeeze)?	
Yes	No
"2. How often do you catch ye	ourself thinking, 'What's the use of
knocking one's brains out? What	t with the profit squeeze and high
taxes?'	
Often	More and More
Occasionally	Never
"3. Are you on the warpath tompany [dental practice]?	to lighten up on expenses in your
Yes	No
"	

"4. Are you alarmed over the observation that never in our life have so many acquired so much so fast?

No. A little

The answers to the first three questions will indicate the attitude of the dentist toward the internal affairs of his practice. The

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answer to the last question will reflect his degree of social awareness.

Most dentists will admit that their outlays for rent, salaries, laboratory and other services and their own living expenses are out of line with their fees. Dentists may be handling more money than they did five years ago, but their net income is probably less. The same situation holds througout economic society. Virtually everyone is caught in the mounting cost pressure or profit squeeze.

The measure of success of any business is the amount of money that remains in the pocket, the till, or the treasury of the producer after all expenses are paid. The mere handling of money is not a measure of profit. Many people are drugged into a feeling of false prosperity by the experience of touching money in transit from the payer on its way to the tax collector or the suppliers of merchandise, goods, or services.

The dentist, in common with every other producer of goods or services, would like to keep a little more of his earnings for himself. He would like to have the opportunity to spend his earnings for the things that he might choose himself, rather than have his pattern of spending determined by the compulsory action of the tax collector.

Government in all its forms extracts more than one-third of the yearly earnings from the average citizen. We work from the first of the New Year to the first of May to pay our taxes. General Douglas MacArthur in another Journal of Commerce article has written: "Taxes have grown so rapidly in recent years that now they are the largest single item in the cost of living. Americans will pay for government this year more than they spend for food, clothing, medical care, and religious activities combined."

Until government spending and taxes are reduced all dentists and most other producers are faced with an overpowering degree "of uneasiness, discontent, and restiveness."

Educary Ayun



## **TECHNIQUE** of the Month

Originated by W. EARLE CRAIG, DDS

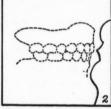
# Stabilizing the Upper Denture and Eliminating Sore Spots

BY BERNARD F. GOODMAN, DDS

Drawings by Dorothy Sterling



Mix one of the new siliconmaterials such as Lasticon® as directed on the container. Apply to the denture as though a reline impression were to be taken.



Insert the denture and have the patient close in centric occlusion, swallow, and keep the teeth in contact for three or four min-



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Remove denture. Use an indelible pencil to mark spots where impression material has rubbed through or thinned out.



Remove the silicon material and reduce the marked areas with a large round bur or stone. Denture will settle into place. Retention, stabilization, and comfort are greatly increased.

#### Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania



## ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

#### **Exposure to Radiation**

Q.—In the last several weeks I have had an ever increasing number of patients question me regarding the danger of radioactivity in connection with the taking of dental roentgenograms. One patient even brought in the article entitled, RADIOACTIVITY IS POISONING YOUR CHILDREN, published six months ago in McCall's magazine, for me to read.

Patients, it seems, are becoming alarmed because of articles which have appeared in various magazines. I should appreciate any comments you have regarding this matter. What should we tell our patients?—E.M.B., Kansas

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A.—The question in your letter is most pertinent, both because of the articles in relation to the possible dangers of too much exposure to x-ray radiation appearing in lay publications and because of the far-reaching implications of exposure to all types of atomic radiation.

We are all exposed to radiation of various types but, so far as has yet been determined, we are not suffering any ill effects, even after the "fall out" incident to the testing of atomic bombs.

In a recent article I found this statement quoted, "To avoid production of an erythema of the skin, no single area of the face should be exposed to more than 110 r

(measured in air) in any twoweek period."1

People generally do not know just what the danger of too much x-ray exposure might be. But whether they fear burns of the face or damage to the reproductive organs, they should with the foregoing quotation read the following: "The average dental x-ray delivers five roentgens to the patient's jaw, but only five thousandths of a roentgen of stray radiation to more remote parts of the body such as the gonads."2 It would seem from these quotations and from the mass of similar material in the literature that there is little if any danger to the patient in having dental x-ray examination made. That is what I tell my patients.—G. R. WARNER

#### Zinc Chloride

Q.—Will you please let me know the accepted value of zinc chloride in the prevention of dental caries in the teeth of an adult when applied directly to the teeth and then burnished?—W.I.H., North Carolina

A .- For many years we burn-

<sup>1</sup>Richards, A. G.: Roentgen-ray Radiation and the Dental Patient, JADA **54**:476 (April) 1957.

<sup>2</sup>Editorial, Dental Roentgenography: Patient's Fears Unfounded, JADA **53**:361 (September) 1956.



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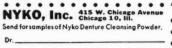
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ished zinc chloride onto sensitive exposed dentine or cementum sur. faces to reduce sensitivity, but we never considered it of value as a preventive of dental caries, Recent. ly we have found that either Bib. by's fluorine paste formula or Thermodent® is more effective in reducing sensitivity.-V. C. SMED. LEY

#### Geographic Tongue

Q.-While reading a magazine on oral hygiene recently I read something about a geographic tongue. What is its relation to cancer of the tongue and what are the symptoms?

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Is a burning sensation of the tongue called a monilia infection and what is its nature? Does it affect one side or both sides of the tongue? Could a person be allergic to plastic dentures? -

D.M.S., Washington

A.—Joseph L. Bernier's book. "The Management of Oral Diseases," contains a comprehensive chapter on Geographic Tongue, The authors report no connection with cancerous lesions. The pattern varies greatly with usually no symptomatology in which case no concern should be exercised. If ulceration occurs or a burning sensation is present they can be treated accordingly.

Monilia albicans, which sometimes affects the membrane under dentures, is a fungus type of infection similar to athlete's foot.

Monilia infection of the tongue is usually found on the dorsal (top) surface. It is whitish in color and is not likely to be accompanied by a burning sensation. Squibb's Mycostatin® is the best remedy for Monilia infection.

Allergy to denture plastic is rare.—V. C. SMEDLEY

(Continued on page 72)

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> No matter how perfect the work manship, the ultimate success of that "third set of teeth" depends to a large extent on the patient's ability to adapt herself to unnatural dentition. When awkwardness and apprehension persistently lead to complaints of discomfort and instability, there is danger that all your skillful work may be largely wasted

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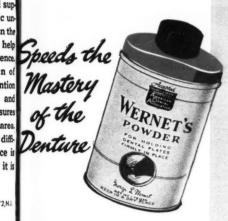
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NET'S POWDER

#### WERNET DENTAL LORE

NOVEMBER, 1957

Claudius Ash, an English silversmith who became interested in making artificial restorations around 1830, was the first laboratory mechanic in dental history. When he first began to make teeth, it took him six weeks to rivet human teeth to a plate of ivory or hippopotamus tusk. He then began experiments with "French Beans," the name given to the early examples of porcelain teeth, in an attempt to perfect their workability. Later he began to manufacture teeth for the profession, and the company he founded still continues to the present day.

The Spanish Moor Abulcasis, born near Cordoba in 936, was one of the great exponents of dental surgery in the Middle Ages. No part of dental prophylaxis was too trivial to escape his attention as the following instructions on the scraping of teeth indicate: "If a first scraping is sufficient, so much the better; if not, thou shalt repeat it on the following day, or even on the third or fourth day, until the desired purpose is obtained. In fact, the scalpel with which the teeth must be scraped on the inside is unlike that with which thou shalt scrape the outside. Therefore, thou must have all this series of scalpels ready, if so it pleases God.

The government of India is seriously striving to improve the economic well-being of its people through modern agricultural techniques. One of the products which is helping India achieve greater economic prosperity is also contributing to the oral well-being and prosthetic comfort of millions of denture wearers in this country. This product is Karaya Gum which comes from the Sterculia tree of the Indian forests, and which serves as the basis for Wernet's Powder.

#### **Gagging Reflex**

Q.—I have a patient who gags easily; it is a problem even to restore a tooth further back than the 1st bicuspid area. She has an unusually large tongue, which is so sensitive that the minute it touches the mirror or any instrument she gags violently. Do you have any suggestions that may help this patient? She smokes and I believe that helps to bring on the gagging.

The next problem is this. I have a patient who has a procaine reaction each time it is used. Now I need to use a special anesthetic solution that will give me a prolonged effect so I can prepare the upper two central incisors for jacket crowns. I have used this solution before, and she develops a faintness, pallor, and rapid pulse for a few minutes. So far I have not used an emergency cartridge as she "snaps out of it." Is there a solution you could recommend better than the one I mentioned that possibly may be better toler-

ated, or would it be better to use this solution and then follow with a cartridge of caffeine sodium benzoate? Also can this emergency cartridge be used more than one time during the appointment if additional procaine has to be used?—T.G.P., Georgia

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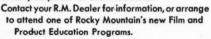
A.—As a roentgenologist, the gagging reflex is one of my problems. I have used various expedients over the years, including Topical anesthetic psychology. sprays work pretty well but I am presently having the best success with xylocaine ointment, Generally I have found that those who gag under the tongue are the hardest to control. Strangely enough, I had to x-ray the mandibular teeth for a woman just this morning. She announced at once that she was a gagger, particularly with services



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for the "lower jaw." So I immediately spread xylocaine under her tongue with my finger, having to fight the gagging in the process. However, I started x-raying the incisor teeth and when I placed the films for the molar exposures there was no trouble whatever.

The use of procaine for prolonged anesthesia is all right and the reaction of the patient with pallor, faintness, and rapid pulse is not necessarily the result of the type of anesthetic used. Such reactions may come from too rapid injection of the anesthetic, a sensitivity to the anesthetic, or a psychologic reaction to the use of the needle. In some such cases premedication with one of the barbiturates is recommended.

"Caffeine and sodium benzoate is useful in collapse such as may occur from the infection of a local anesthetic, since it causes an increased flow of blood which may result in the rise of blood pressure and a stimulation of respiration. When used for this purpose it should be injected intramuscularly."

It is questionable if it should be used more than once during an appointment.—G. R. WARNER

#### **DEAR ORAL HYGIENE**

#### **Latex Ligatures**

I regret to complain that your Technique Of The Month for September (Continued on page 74)

<sup>3</sup>Accepted Dental Remedies, 21st Ed, American Dental Association, 1956.

### ORTHODONTICS

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1957, "Using Latex Ligatures to Correct Tooth Spacing and Alignment (Children or Adults)" by Newman D. Winkler. DDS, is undesirable, unscientific, and unnecessary, in the United States.

Moreover, it is misleading to the inexperienced, who might be embarrassed to find that any latex ligature under tension will tend to bury itself under the gum, causing an uncomfortable inflammation.

I have heard of the latex ligature under considerable tension being used to enucleate a tooth for a hemophilia, as a method supposed to avoid excessive bleeding.

I would suggest further inquiry into this subject.-D. S. STERRETT, DDS. 549 West Eighth Street, Erie, Pennsylvania.

#### Correction!

Anent my letter in the September issue of ORAL HYGIENE describing the case of the ovarian tumor, you spelled my name wrong-called me "Derstien" instead of "Ruskin." You are generally so correct -how come? - A. RANDALL RUSKIN, DDS, 140 Lockwood Avenue, New Rochelle, New York.

There is no explanation except a mental blackout on a warm summer day. Our sincere apologies! We will also excuse you for saving that we called you "Derstien." Just to keep the record straight-it was really "Derskin."-The Editor.

#### WHEN YOU CHANGE YOUR ADDRESS

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1. Bayart, J.: International Congress of Pediatrics, Copenhagen, Denmark, July 22-27, 1956

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# **Dentists in the NEWS**

Philadelphia (Pennsylvania) Bulletin: Doctor Thomas P. Fox, professor of oral medicine at Jefferson Medical College, has been promoted to the rank of brigadier general, Dental Corps, Army Reserve. He is the first dentist to receive this rank in the Reserve.

Hartford (Connecticut) Courant: "Champion Mushroom Picker of the East," is the title bestowed on Doctor James Z. Gailun by his friends in Hartford. In reality, he is a micologist, a scholar in the field of mushrooms. Doctor Gailun inherited the traditional European love of mushrooms from his father. As a young boy he joined his father to roam the Connecticut woods and meadows and bring home rare specimens. About ten years ago he revived this childhood pleasure in a scientific way, collecting rare books on mushrooms and joining the distinguished Boston Micological Society.

Doctor Gailun delights in identifying each rare specimen, and finds the long mushroom hikes more fun than golf—particularly when his wife and children join the excursion and picnic on broiled or fried mushrooms. However, he warns that this hobby is only safe for experts, Those who try it must know their mushrooms!

Birmingham (Alabama) Post Herald: Major Tomas Garcia of Bogota, Colombia, has been sent to the United States by the Colombian Army to study oral medicine for three years. Earlier this year he studied at the University of Michigan, and recently arrived at the University of Alabama Medical Center accompanied by his wife, Señora Teresa de Garcia, to continue his studies.

The major said he took part in battles in Korea and was sent to the Mid-East during the Suez trouble. Colombia was the only country in South America to send troops to Korea and the Mid-East, he said.

Kansas City (Kansas) Times: After 29 years of practicing dentistry, Doctor Lester Blender has been forced to retire because of the progressive disabling effects of multiple sclerosis. But with the aid of his wife and music, Doctor Blender still leads a full life. He recently set up an elaborate hi-fi system in his home, which consists of 10 high quality speakers installed in one wall of the living room, two 40-watt amplifiers in a remote location in the basement, two complicated control centers, a stereophonic tape recording and reproducer, and a transcription turntable for disc records.

Houston (Texas) Post: Newly elected chairman of the 19-county Houston area chapter of the National Multiple Sclerosis Society is Doctor Ott L. Voight.

New York World-Telegram: Doctor Anson G. Hoyt of Rumson, New Jersey, commodore of the Shrewsbury River YC, is regarded as one of the Nation's top predicted log racing experts. "It's the only competition available in cruiser power boating," says Doctor Hoyt. In predicted log tests the skipper is required to forecast the over-all elapsed time it will take to complete a course, as well as the time needed to complete



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each leg, all without a watch. The one with the lowest percentage of error is the winner.

Hartford (Connecticut) Courant: Af. ter practicing dentistry for more than half a century, Doctor William E. Neff became seriously ill about sixteen years ago, and retired. He now lives in the house in Chaplin, which he previously used for his hunting and fishing lodge. Besides the house and home plot, there are 18 acres and trees, including black walnut and butternut. As a convalescent, Doctor Neff decided to utilize what was at hand. Following a series of experiments, he began fashioning pendants, earrings, bracelets, buttons, and other articles. He cut them out and then polished them on his dental lathe, until they were burnished to a beautiful patina. He has used peach stones effectively also. Now recovered, he also maintains a dental office at home.

Clarksburg (West Virginia) Grit: Toothpick engineering has been the hobby of Doctor M. R. Stein, of New York City, since he was 12. He makes accurate models by gluing the toothpicks together in an amazingly intricate series of designs. One of his creations is a ferris wheel made up of 27,000 toothpicks. Each of its 24 cars swings on a pivot and maintains a horizontal position. A collar button as a supporting bearing turns the wheel.

Miami (Florida) Herald: Doctor William Palmer, an instructor in the Dentistry School of the College of Medical Evangelists in Loma Linda, California, and Robert L. Cole, and Paul Williams, senior students in the college, recently arrived in Lima, Peru, to conduct a survey of the effects of nutrition on primitive people of the Amazon region. They will attempt to find means of alleviating diseases the Indians acquire through association with modern civilization. They are financing their own transportation to South America to conduct their mission, which will be a new pilot project of the world-wide medical system maintained by Seventh Day Adventists.

(Continued on page 80)



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Albuquerque (New Mexico) Journal: Three Latin American dentists, Doctor Victor Lopez of Mexico, Doctor Otto Menendez of Guatemala, and Doctor Henry Lopez of Costa Rica, were in Albuquerque recently to observe oral health activities in the United States Public Health Service's Indian Health program. They are among six dentists from foreign countries who recently completed a postgraduate training program leading to a master's degree in public health at the University of Michigan. They are particularly interested in dental services provided for Indians by the PHS because of the similarity between this program and those in their countries.

Newark (New Jersey) Star-Ledger:

Although Mrs. Renny Georgiewa of Bulgaria managed to support her four daughters after the death of her husband and graduate with honors from the college of dentistry at the University in Munich, Germany, continuous misfortune, including temporary blindness and paralysis, has prevented her from attending dental school in this country for the necessary three years in order to obtain her license.

She has now decided to put aside her wish to practice dentistry here, and give two of her daughters a chance to fulfill their ambitions to become dentists. At their mother's insistence Katia and Mimi applied to Seton Hall University College of Dentistry in Jersey City, and recently were informed of their accept-Almost simultaneously ance. Georgiewa received an offer to open a practice in Europe. "But I could not go and leave my daughters," she said. "They need me. I will keep house, and in the fall I hope to have a job to help support them. The only thing is, I cannot go down the basement where my

(Continued on page 81)

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equipment is stored. It breaks my heart to see it."

Arkansas Gazette: The Blacklock Galleries in Little Rock recently featured the unusual paintings of Doctor G. R. Lewis at a one-man showing. So far as Doctor Lewis knows, his technique is original. He spreads oils with a metal trowel-like blade, then proceeds to dig into the oils, cutting deep ruts. The ruts are as premeditated and as studied as the arrangement of the paints themselves. The effect is that a starkly impressionistic picture becomes more stark, a rustic woodland scene more rustic in its roughness.

Awards for items submitted for this month's DENTISTS IN THE News have been sent to:

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J. Di Cosimo, RD 2, Box 572-C, Rahway, New Jersey

Morris Cohen, 1132 Euclid Avenue, #10, Miami Beach, Florida

Mrs. E. V. Jackson, 8149 Craig. Overland Park, Kansas

Mrs. J. E. Phillips, 3304 La Veta Drive N E, Albuquerque, New Mexico Alexander Grower, DDS, 267 Main

Street, Portland, Connecticut Sara O'Kelley, 505 West 44th Street,

North Little Rock, Arkansas Bea Burnett, 3713 Newhouse, Hous-

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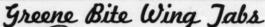
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"Dad, what is an actor?"

"An actor? My son, an actor is a man who can walk to the side of a stage, peer into the wings filled with theatrical props, dirt and dust, other actors, stage hands, old clothes, and other claptrap, and say, 'What a lovely view there is from this window'!"

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"No. I went to a hospital in Boston."

Teacher: "Which hand is the Statue of Liberty holding over her head?" Smart Kid: "The one with the torch."

Junior: "Dad, what is bankruptcy?"
Dad: "Bankruptcy, my son, is when
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and let your creditors take your coat."

Mary Lou: "At the place where I stayed last summer a green hired farm hand tried to kiss me. He told me he'd never kissed a girl in his life."

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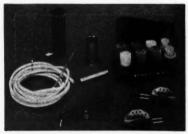
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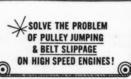


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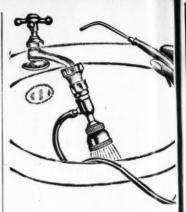
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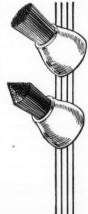
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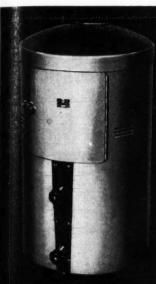
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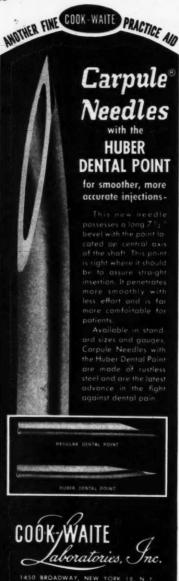
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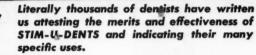
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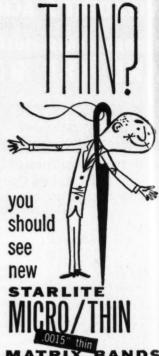
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